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AUG 08 2012
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Criminal Appeals Unit
First Judicial District of PA

Attorneys for Defendant,
William Lynn

O.T

OTW - N 726412-1

COMMONWEALTH OF PENNSYLVANIA

: IN THE COURT OF COMMON PLEAS

: PHILADELPHIA COUNTY

: TRIAL DIVISION

: CRIMINAL SECTION

: NO.: CP-51-CR-0003530-2011

*\$73.50
PCL*

v.

WILLIAM LYNN

PPH 1102886

Endorsing William Lynn

NOTICE OF APPEAL

Notice is hereby given that William Lynn, the above-named defendant, hereby appeals to the Superior Court of Pennsylvania from the judgment of sentence entered in this case on July 24, 2012.

ALL COUNSEL ADVISED
AUG 10 2012
JG

Respectfully submitted,

T. Bergstrom

Thomas A. Bergstrom
Allison Khaskelis
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50 S. 16th Street, Suite 3200
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215-665-8700

**DOCKETED IN
SUPERIOR COURT**
AUG 10 2012
PHILADELPHIA

Dated: August 8, 2012

CERTIFICATE OF SERVICE

I, Thomas A. Bergstrom, hereby certify that on August 8, 2012, I caused to be served a true and correct copy of the foregoing Notice of Appeal, by United States first class mail, postage prepaid, upon the following:

Trial Court

Honorable M. Teresa Sarmina
Court of Common Pleas
Room 258, City Hall
Philadelphia, PA 19107

Plaintiff's Attorneys
for Commonwealth of PA

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Official Court Reporters

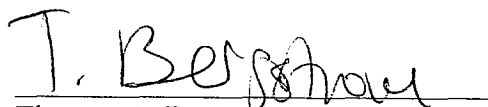
Megan Soule, RMR
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Thomas A. Bergstrom



**First Judicial District of Pennsylvania
Court Reporter and Interpreter Administration**

Land Title Building, 100 South Broad Street, 2nd Floor
Philadelphia, Pennsylvania 19110
Tel: 215-683-8000 Fax: 215-683-8005

TRANSCRIPT ORDER FORM & INVOICE

All information must be completed in order to begin transcription of notes.

CASE NAME: (Commonwealth vs.) or (Party vs. Party) <i>Msgr. Commonwealth v. William Lynn</i>		C.P. #, M.C.# or Petition #: <i>CP-51-CR-0003530-2011</i>	
Hearing/Trial Date: <i>March 26 - June 22</i>	Courtroom #: <i>304</i>	Judge: <i>Sarmina</i>	
Court Reporter's Name and Phone Number: <i>Megan Soule, John Kurz, Danielle O'Conner</i>			
Requesting Attorney or Party Name: <i>Tom Bergstrom</i>		Phone No.: <i>215-665-3955</i>	Fax No.: <i>215-665-8700</i>
Street Address: <i>Buchanan Ingersoll Rooney, 2 Liberty Place Suite 3200</i>			
City, State and Zip Code: <i>Philadelphia PA 19102</i>			
<input type="checkbox"/> District Attorney	<input type="checkbox"/> Defender Association	<input type="checkbox"/> Court-Appointed Counsel (Attach Appointment Letter)	<input type="checkbox"/> Private Counsel/Party (Make Check Payable to reporter.)
DELIVERY:	<input checked="" type="checkbox"/> Regular Delivery	<input type="checkbox"/> Expedited (Please Call Reporter to set delivery date)	<input type="checkbox"/> Daily (Next Day) (Please Call Reporter)
	<i>As soon as available</i>		<input type="checkbox"/> Immediate (Same Day - Call Reporter)
COUNSEL, PLEASE CHECK ALL THAT APPLY: NOTICE: CRIMINAL TRANSCRIPTS WILL BE PROVIDED SOLELY ON A REGULAR DELIVERY BASIS. EXPEDITED, DAILY AND IMMEDIATE DELIVERY APPLY ONLY TO CIVIL TRANSCRIPTS.			
<input type="checkbox"/> I am requesting an estimate of costs. <i>(whole trial)</i> <input checked="" type="checkbox"/> I am ordering a transcript. <input type="checkbox"/> I am ordering minuscrit only <input type="checkbox"/> Provide ASCII (extra charge)			
<input type="checkbox"/> I am ordering a minuscrit copy in addition to a regular full-sized copy (extra charge) <input type="checkbox"/> Include Word Index (extra charge)			

Signature of Ordering Counsel/Party: *A. W. [Signature]* Date: *07/09/12*

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Date: _____	Total Required Deposit: \$ _____
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*****NEXT TRIAL DATE: _____



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Court Reporter and Interpreter Administration

Land Title Building, 100 South Broad Street, 2nd Floor
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TRANSCRIPT ORDER FORM & INVOICE

All information must be completed in order to begin transcription of notes.

CASE NAME: (Commonwealth vs.) or (Party vs. Party) <i>Commonwealth v. Asgvr. William Lynn</i>		C.P. #, M.C.# or Petition #: <i>CP-51-CR-0003530-2011</i>	
Hearing/Trial Date: <i>404(b) hearing</i>	Courtroom #: <i>507</i>	Judge: <i>Sarmina</i>	
Court Reporter's Name and Phone Number: <i>Molly Alber</i>			
Requesting Attorney or Party Name: <i>Tom Bergstrom</i>		Phone No.: <i>215-665-3955</i>	Fax No.: <i>215-665-8700</i>
Street Address: <i>Buchanan Ingersoll Rooney Liberty Place Suite 3200 Phila PA 19102</i>			
City, State and Zip Code: <i>Entire 404(b) hearing - started 01/23/2012 - decision 02/06/2012</i>			
<input type="checkbox"/> District Attorney	<input type="checkbox"/> Defender Association	<input type="checkbox"/> Court-Appointed Counsel (Attach Appointment Letter)	<input type="checkbox"/> Private Counsel/Party (Make Check Payable to reporter.)
DELIVERY:	<input checked="" type="checkbox"/> Regular Delivery	<input type="checkbox"/> Expedited (Please Call Reporter to set delivery date)	<input type="checkbox"/> Daily (Next Day) (Please Call Reporter)
<input type="checkbox"/> Immediate (Same Day - Call Reporter)			
COUNSEL, PLEASE CHECK ALL THAT APPLY: NOTICE: CRIMINAL TRANSCRIPTS WILL BE PROVIDED SOLELY ON A REGULAR DELIVERY BASIS. EXPEDITED, DAILY AND IMMEDIATE DELIVERY APPLY ONLY TO CIVIL TRANSCRIPTS.			
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Signature of Ordering Counsel/Party: *A. Wefel* Date: *7/10/12*

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Date: _____	Total Required Deposit: \$ _____
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Less Deposit: \$ _____	TOTAL DUE: \$ _____
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*****NEXT TRIAL DATE: _____